

Entered - 11/14/00 - sb
CL00L0687 - DIANNE C. MITCHELL

01-*R*-0398


CLAIM OF: **ALLSTATE INSURANCE COMPANY AS
SUBROGEE OF LATISHA ARNOLD
P. O. Box 168288
Irving, Texas 75016**

For damages alleged to have been sustained as a result of a vehicular accident on August 22, 2000 at 878 Hollywood Road, NW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ALLSTATE INSURANCE COMPANY AS SUBROGEE OF LATISHA ARNOLD** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on August 22, 2000 at 878 Hollywood Road, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0687

Date: February 20, 2001

Claimant /Victim ALLSTATE INSURANCE COMPANY AS SUBROGEE OF LATISHA ARNOLD

BY: (Atty)(Ins.Co.) _____

Address: P. O. Box 168288, Irving, Texas 75016

Subrogation: X Claim for Property damage \$ 5,167.96 Bodily Injury \$ _____

Date of Notice: 11/13/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/22/00 Place: 878 Hollywood Road, NW

Department PRCA Division: Parks

Employee involved Jerry Harper Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle was following too closely and rear ended the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  _____ 02-27-01

Committee Action: _____ Council Action _____

Allstate®

ALLSTATE INDEMNITY COMPANY
P.O. BOX 168288
IRVING TX 75016

(800) 374-4246

ENTERED - 11-14-00 - SB
00L0687 - DIANNE MITCHELL

CITY OF ATLANTA
1145 NORTH AVE
ATLANTA GA 30318

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INDEMNITY COMPANY

CBP:G

YOUR FILE NO. : SELF INSURED
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 1145 NORTH AVE
ATLANTA GA 30318

OUR CLAIM NO. : 4095361186 FY5
OUR INSURED : LATISHA ARNOLD
LOSS DATE : 08/22/00

LOCATION :
ON 878 HOLLYWOOD RD NW ATLANTA GA

AMOUNT OF LOSS: \$5,167.96

GENERAL PROPERTY RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0687

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND NO/100 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, including but not limited to Jerry Harper, from any and all property damage claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident

which occurred on or about the 22nd day of August, 2000,

at or near 878 Hollywood Road, NW.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this property damage release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

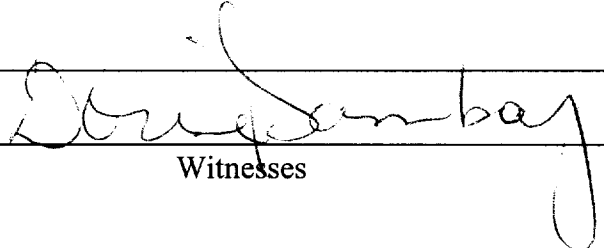
WITNESS my hand and seal this 13th day of February, 2000.



**ALLSTATE INSURANCE COMPANY AS
SUBROGEE OF LATISHA ARNOLD** (LS)

The above release was read and explained to, and signed by the said _____

_____ in our presence on the date above written.



Witnesses

01- R -0398